



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



41 J.G.27

Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

Bureau of Highway Maintenance
(Well Section)
April 17, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract with Skillings and Sons, Inc. of Amherst, NH (Vendor 161456) in the amount of \$20,600.00 for a 6-inch drilled well and pump on the property of Tim Rand, 87 Main Street, Danville, NH, from the date of Governor and Council approval through December 15, 2017, unless extended by the Department in accordance with the Standard Specifications. This contract, while less than the \$25,000 threshold, requires G&C approval as this agreement, if approved, would put the vendor, 161456-Skillings and Sons, Inc., over the threshold. 100% Highway funds.

Funding is available as follows for FY 2017, and is contingent upon the availability and continued appropriation of fund for FY 2018:

Funding is available as follows:	<u>FY 2017</u>	<u>FY 2018</u>
Salted Wells Account		
04-96-96-960515-3066		
400-500870 Highway Contract Payments	\$20,100.00	\$500.00

EXPLANATION

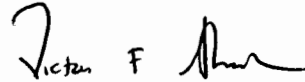
Results of investigations and water analysis has been evaluated, and it has been determined that the existing water supply has been contaminated by highway chlorides. The Department is therefore obligated to obtain a new water supply for the owner. This proposal is in conformity with RSA 228:34.

This contract was advertised and three bids were received and publicly opened on April 6, 2017. Skillings & Sons, Inc. was the low bidder at \$20,600.00 and the Department considers this bid to be reasonable.

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The Contractor has been prequalified by this Department. The Contract has been approved by the Attorney General as to form and execution; and the Department has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Sincerely,

A handwritten signature in black ink, appearing to read "Victoria F. Sheehan". The signature is fluid and cursive, with a large initial "V" and a distinct "F".

Victoria F. Sheehan
Commissioner

VFS/md

Attachment:

Department Estimate: \$24,150.00

Contract Amount: \$20,600.00

Under Estimate: \$ 3,550.00



ABC Bid Data

DANVILLE
41064B
NON-FEDERAL

PROJECT:	DANVILLE	Awarded To:	SKILLINGS & SONS INC	Certified by:	<u>PETER.E.STAMNAS</u>
STATE PROJECT NUMBER:	41064B		9 COLUMBIA DRIVE		Director of Project Development
FED. PROJECT NUMBER:	NON-FEDERAL		AMHERST, NH 03031		
DATE BIDS OPEN:	April 06, 2017, 2:00	Amount:	\$20,600.00	Award Date:	
SCOPE OF WORK:	Replace Rand salted well				
COMPLETION DATE:	December 15, 2017				
LOCATION:					

Summary of Bidders

Contractor	Bid Amount	Rank
SKILLINGS & SONS INC 9 COLUMBIA DRIVE, AMHERST NH 03031	\$20,600.00	A
WRAGG BROS OF VERMONT INC ROUTE 5, PO BOX 110, ASCUTNEY VT 05030	\$20,655.00	B
CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD, DUNBARTON NH 03046	\$20,848.50	C

Item No.	Description	Unit	Quantity	PS&E		SKILLINGS & SONS INC 9 COLUMBIA DRIVE AMHERST, NH 03031		WRAGG BROS OF VERMONT INC ROUTE 5 ASCUTNEY, VT 05030	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

662.1626	6" DRILLED WELL	LF	800.000	\$11.00	\$8,800.00	\$10.00	\$8,000.00	\$10.00	\$8,000.00
662.186	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.000	\$21.00	\$4,200.00	\$15.00	\$3,000.00	\$20.00	\$4,000.00
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.000	\$6.00	\$3,000.00	\$5.00	\$2,500.00	\$3.00	\$1,500.00
662.41	TRENCH AND PIPE	LF	150.000	\$15.00	\$2,250.00	\$8.00	\$1,200.00	\$8.00	\$1,200.00
662.421	1" PE FLEXIBLE TUBING	LF	400.000	\$0.50	\$200.00	\$0.50	\$200.00	\$0.20	\$80.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.000	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,675.00	\$2,675.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$1.00	\$3,000.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.000	\$1.00	\$200.00	\$1.00	\$200.00	\$1.00	\$200.00

Totals:	\$24,150.00	\$20,600.00	\$20,655.00
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Item No.	Description	Unit	Quantity	PS&E		CAPITAL WELL COMPANY INC 150 CONCORD STAGE ROAD DUNBARTON, NH 03046		Unit Price	Total
				Unit Price	Total	Unit Price	Total		

Items

662.1626	6" DRILLED WELL	LF	800.000	\$11.00	\$8,800.00	\$9.90	\$7,920.00		
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.000	\$21.00	\$4,200.00	\$19.50	\$3,900.00		
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.000	\$6.00	\$3,000.00	\$3.85	\$1,925.00		
662.41	TRENCH AND PIPE	LF	150.000	\$15.00	\$2,250.00	\$8.75	\$1,312.50		
662.421	1" PE FLEXIBLE TUBING	LF	400.000	\$0.50	\$200.00	\$0.24	\$96.00		
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.000	\$2,500.00	\$2,500.00	\$2,495.00	\$2,495.00		
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00		
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.000	\$1.00	\$200.00	\$1.00	\$200.00		

Totals:	\$24,150.00	\$20,848.50
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PS&E Comparison

DANVILLE
41064B
NON-FEDERAL

Item No.	Description	Unit	Quantity	A-Bidder		PS&E		A-PS&E Difference
				Unit Price	Total	Unit Price	Total	
Items								
662.1626	6" DRILLED WELL	LF	800.000	\$10.00	\$8,000.00	\$11.00	\$8,800.00	(\$800.00)
662.166	PILOT HOLE FOR 6" WELL (INCLUDES 6" CASING)	LF	200.000	\$15.00	\$3,000.00	\$21.00	\$4,200.00	(\$1,200.00)
662.244	4" WELL CASING (INCLUDING JASWELL SEALS & GROUT)	LF	500.000	\$5.00	\$2,500.00	\$6.00	\$3,000.00	(\$500.00)
662.41	TRENCH AND PIPE	LF	150.000	\$8.00	\$1,200.00	\$15.00	\$2,250.00	(\$1,050.00)
662.421	1" PE FLEXIBLE TUBING	LF	400.000	\$0.50	\$200.00	\$0.50	\$200.00	\$0.00
662.52075	SUBMERSIBLE PUMP (3/4 HP) AND ACCESSORIES	EA	1.000	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$0.00
1008.11	ALTERATIONS AND ADDITIONS AS NEEDED - UNANTICIPATED WORK	\$	3,000.000	\$1.00	\$3,000.00	\$1.00	\$3,000.00	\$0.00
1008.18	ALTERATIONS AND ADDITIONS AS NEEDED - PUMPING TEST	\$	200.000	\$1.00	\$200.00	\$1.00	\$200.00	\$0.00
Total:					\$20,600.00		\$24,150.00	(\$3,550.00)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Susan Gilman	
THE ROWLEY AGENCY INC.		PHONE (A/C, No, Ext): (603) 224-2562	FAX (A/C, No): (603) 224-8012
45 Constitution Avenue		E-MAIL ADDRESS: sgilman@rowleyagency.com	
P.O. Box 511		INSURER(S) AFFORDING COVERAGE	
Concord NH 03302-0511		INSURER A: Cincinnati Insurance Company	NAIC # 10677
INSURED		INSURER B:	
Skillings & Sons, Inc.		INSURER C:	
9 Columbia Drive		INSURER D:	
Amherst NH 03031		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17-18 all lines/\$5M REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual per GA101 (12/04) GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: No ICU Exclusion			CPP0835137	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EBA0200835	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CPP0835137	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC1914965-08 3A States: NH MA RI VT ME Excluded Officer: Norman Skillings	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment			CPP0835137	01/01/2017	01/01/2018	LIMIT \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project #41064B, Tim Rand, 87 Main Street (NH 111A), Danville, NH. State of NH, DOT and Tim Rand are additional insureds under the general liability when required by written contract with named insured.

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Dept of Transportation
 PO Box 483
 Concord, NH 03302-0483

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan Gilman/CHH

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